



**Authorization and Release for  
Protective Services and Provider Record Checks for Providers  
and Agency Personnel for Employment Purposes**

Bureau for Social Services  
350 Capitol Street, B-18  
Charleston, WV 25301

Please complete and sign below. The form must be legible, and all fields must be filled out COMPLETELY.

Name (Print full name. Do not use initials): \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Home Address (Give location address, as well as P.O. Box address and County):  
\_\_\_\_\_  
\_\_\_\_\_

Please list all addresses or the county(s) and state(s) of all previous residences:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List maiden name, all aliases, or names known by Print full name(s); do not use initials:  
\_\_\_\_\_

Name of Agency who will receive results/verification of the protective services check:  
\_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Contact Information: \_\_\_\_\_

Type of Agency:

- ☐ Child Placing Agency (Potential employee)
- ☐ Residential Provider Agency (Including Psychiatric Residential (PRTF)/Intermediate Care Facilities (ICF))
- ☐ Emergency Shelter
- ☐ Child Care/Head Start
- ☐ Other \_\_\_\_\_

**Certification:**

I certify that I have not committed any act of child/adult abuse or neglect, as determined by a civil or criminal proceeding or through an investigation by the WV Department of Health and Human Resources or through any like agency of any other state or country, or that I am currently being investigated for such except as stated below:

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**Authorization:**

I authorize the WV Department of Health and Human Resources to conduct a background check on me which includes a search of Child Protective Services records, Adult Protective Services records, Youth Services records, Institutional Investigation Unit records and foster care provider records maintained by the Department. I authorize the Department to inform the person or agency named on the front of this form of the results of the background check, including any history I have had with Social Services. I understand that if I have an open CPS/APS investigation the protective service check will not be completed; the open investigation will be documented on the form and returned to the requesting agency. **I understand that a positive history of maltreatment in any West Virginia Department of Health and Human Resources protective services record will affect my becoming a foster care placement provider or employee of an agency that provides foster care services. I understand that any involvement I have had with the WVDHHR as a client or foster care provider will be evaluated and may also affect my becoming a foster care placement provider or foster care agency employee.** I release the WVDHHR and/or its agents in providing information pursuant to this authorization from any and all liabilities, claims or lawsuits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DHHR Office Use Only**

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- ☐ No record of substantiated maltreatment was found.
- ☐ Records indicate that maltreatment occurred by the individual.
- ☐ Records indicate current open CPS, and/or APS investigation.

**IF THIS CLIENT HAS ANY QUESTIONS OR NEEDS TO OBTAIN INVESTIGATION RECORDS, THEY MUST CONTACT THE FOLLOWING COUNTY:**

COUNTY: \_\_\_\_\_

INTAKE/CASE #: \_\_\_\_\_

\_\_\_\_\_  
(DHHR Stamp or Signature of Authorized Individual)

\_\_\_\_\_  
(Date)